AO 435
(Rev. 04/11)

Administrative Office of the United States Courts

TRANSCRIPT ORDER

Please Read Instructions:

FOR COURT USE ONLY
DUE DATE:

1. NAME Christopher DiPompeo	2. PHONE NUMBER (202) 879-7686	3. DATE 11/22/2017

4. MAILING ADDRESS 51 Louisiana Ave NW
5. CITY Washington
6. STATE DC
7. ZIP CODE 20001

8. CASE NUMBER 17-03283
9. JUDGE Laura T. Swain

DATES OF PROCEEDINGS
10. FROM 11/21/2017
11. TO 11/21/2017

12. CASE NAME In re Commonwealth of Puerto Rico

LOCATION OF PROCEEDINGS
13. CITY SDNY-New York
14. STATE New York

15. ORDER FOR
☐ APPEAL ☐ CRIMINAL ☐ CRIMINAL JUSTICE ACT ☒ BANKRUPTCY
☐ NON-APPEAL ☐ CIVIL ☐ IN FORMA PAUPERIS ☐ OTHER

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
☐ VOIR DIRE		☐ TESTIMONY (Specify Witness)	
☐ OPENING STATEMENT (Plaintiff)			
☐ OPENING STATEMENT (Defendant)			
☐ CLOSING ARGUMENT (Plaintiff)		☐ PRE-TRIAL PROCEEDING (Spcy)	
☐ CLOSING ARGUMENT (Defendant)			
☐ OPINION OF COURT			
☐ JURY INSTRUCTIONS		☒ OTHER (Specify)	
☐ SENTENCING		Entire Transcript of Hearing	11/21/2017
☐ BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	☐	☐	NO. OF COPIES		
14-Day	☐	☐	NO. OF COPIES		
EXPEDITED	☐	☒	NO. OF COPIES 1		
DAILY	☐	☐	NO. OF COPIES		
HOURLY	☐	☐	NO. OF COPIES		
REALTIME	☐	☐			

CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).
ESTIMATE TOTAL 0.00

18. SIGNATURE /s/ Christopher DiPompeo
PROCESSED BY

19. DATE 11/22/2017
PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY
COURT ADDRESS

	DATE	BY		
ORDER RECEIVED				
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY